

## **Supplemental Application Data Sheet**

### **Application Information**

|                                  |   |
|----------------------------------|---|
| Application number::             | <u>10/593,427</u>   |
| Filing Date::                    | <u>09/19/06</u>   |
| Application Type::               | Regular   |
| Subject Matter::                 | Utility   |
| Suggested classification::       |   |
| Suggested Group Art Unit::       | N/A   |
| CD-ROM or CD-R?::                | None  |
| Number of CD disks::             |   |
| Number of copies of CDs::        |   |
| Sequence submission?::           | None  |
| Computer Readable Form (CRF)?::  | No  |
| Number of copies of CRF::        |   |
| Title::                          | GINKGOLIDE COMPOUNDS,<br>COMPOSITIONS AND EXTRACTS, AND<br>USES THEREOF |
| Attorney Docket Number::         | 0019240.00218US2  |
| Request for Early Publication?:: | No  |
| Request for Non-Publication?::   | No  |
| Suggested Drawing Figure::       | 1   |
| Total Drawing Sheets::           | 3   |
| Small Entity?::                  | Yes   |
| Petition included?::             | No  |
| Petition Type::                  |   |
| Licensed US Govt. Agency::       |   |
| Contract or Grant Numbers::      |   |
| Secrecy Order in Parent Appl.?:: | No  |

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Italy  
Status:: Full Capacity  
Given Name:: Ottavio  
Middle Name:: V.  
Family Name:: VITOLO  
Name Suffix::  
City of Residence:: ~~New York~~ CAMBRIDGE  
State or Province of Residence:: ~~NY~~ MA  
Country of Residence:: US  
Street of mailing address:: ~~420 W. 119th Street, Apt. 29~~ 195 Binney St.,  
Apt 1406

City of mailing address:: ~~New York~~ CAMBRIDGE  
State or Province of mailing address:: ~~NY~~ MA  
Country of mailing address::  
Postal or Zip Code of mailing address:: ~~10027~~ 02142

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Koji  
Middle Name::  
Family Name:: NAKANISHI  
Name Suffix::  
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State or Province of Residence:: NY  
Country of Residence:: US

Street of mailing address:: 560 Riverside Drive, Apartment 9-J

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State or Province of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address:: 10027

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name:: L.

Family Name:: SHELANSKI

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Country of Residence:: US

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City of mailing address:: Brooklyn

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Country of mailing address::

Postal or Zip Code of mailing address:: 11231

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Sonja

Middle Name::

Family Name:: KRANE  
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State or Province of Residence:: CA  
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City of mailing address:: Del Mar  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ottavio  
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Family Name:: ARANCIO  
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State or Province of Residence:: NY  
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State or Province of mailing address:: NY  
Country of mailing address::  
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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Czech Republic  
Status:: Full Capacity  
Given Name:: Stanislav  
Middle Name::  
Family Name:: JARACZ  
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State or Province of Residence::  
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Street of mailing address:: Oldrichovice 487

City of mailing address:: Trinec  
State or Province of mailing address::  
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Country of mailing address:: Czech Republic  
Postal or Zip Code of mailing address:: 73961

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Nina  
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Family Name:: BEROVA  
Name Suffix::  
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City of mailing address:: New York

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Country of mailing address::  
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### **Correspondence Information**

Correspondence Customer Number:: 56949

### **Representative Information**

Representative Customer Number:: 56949

### **Domestic Priority Information**

| Application::    | Continuity Type::                                       | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | National Stage of                                       | US05/009417          | 03/21/05             |
| US05/009417      | An application claiming the benefit under 35 USC 119(e) | 60/554508            | 03/19/04             |

### **Foreign Priority Information**

### **Assignee Information**

Assignee name:: THE TRUSTEES OF COLUMBIA UNIVERSITY  
IN THE CITY OF NEW YORK  
Street of mailing address:: 412 Low Memorial Library  
535 West 116th Street  
City of mailing address:: New York  
State or Province of mailing address:: NY  
Country of mailing address::  
Postal or Zip Code of mailing address:: 10027